Department of Labor and Industries Electrical Licensing & Certification PO Box 44460 Olympia, WA 98504-4460 www.Lni.wa.gov



INSTRUCTIONS FOR COMPLETING APPLICATION FOR ELECTRICAL CONTRACTOR'S LICENSE FOR OPEN WINDOW SPECIALTIES

APPLICATION MUST BE RECEIVED BY JULY 31, 2004

SUBMIT ALL ITEMS AS A COMPLETE PACKAGE OR WE WILL BE UNABLE TO PROCESS YOUR APPLICATION. THE BUSINESS NAME MUST BE EXACTLY THE SAME ON ALL DOCUMENTS.

A complete APPLICATION FOR ELECTRICAL CONTRACTOR'S LICENSE FOR OPEN WINDOW SPECIALTIES includes:

- 1. Completed application **including**:
 - a. **Uniform Business Identifier (UBI) number.** (Issued by the <u>Master Business License Division</u> of the <u>Department of Licensing.</u>) You will also need this number to obtain a bond.
 - b. **Corporation, LLC, or LLP:** You must be properly registered with the State of Washington Secretary of State Corporations Division (this includes corporations from out-of-state). If you change corporate officers, you must <u>officially</u> notify the Secretary of State Corporations Division **AND** then you need to supply written notification to the Labor and Industries Electrical Licensing Section. Failure to notify both parties could delay your company's ability to buy permits and request inspections.
 - c. **Application fees: \$332.30** (Electrical Contractor \$232.90 + Administrator Temporary Certificate \$64.40 + Assignment \$35.00.)
 - d. **Industrial Insurance Account Number**: If you have employees or plan to hire employees, you <u>must</u> provide your Industrial Insurance Account number (Issued by the Department of Labor and Industries, Industrial Insurance Division).
- 2. **Designated Administrator**: Complete the attached **Application for Temporary Specialty Administrator & Assignment** form. The administrator must either be an owner/principle or a supervisory employee and must agree to perform the administrator duties as detailed in <u>RCW 19.28.061</u>. Only one administrator can be <u>assigned</u> to the business at a time. You must submit a copy of the company's business license showing the company was licensed between January 1, 2002 and September 1, 2002, to qualify for a temporary specialty administrator certificate.
- 3. ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR'S BOND TO THE STATE OF WASHINGTON form F500-019-000 (see 3a for instruction) OR

ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR ASSIGNMENT OF SAVINGS ACCOUNT form <u>F500-020-000</u> (see 3b for instructions)

- a. The **BOND** (submit original only) must:
 - Be completed by your bonding agent and must include the effective date, the bonding company representative's signature, and the seal of the bonding company.
 - There can be no errors, whiteouts, alterations or additions on this form.
 - State the name of the principal, partners, or corporation and the business name of the
 contracting company. The business name must EXACTLY match the business name listed
 on the application. (See **NOTE**)
- b. In lieu of a bond, you may submit an **ASSIGNMENT OF SAVINGS ACCOUNT.** The **ASSIGNMENT OF SAVINGS** (submit original only) must:
 - Be completed by your financial institutions authorized representative and that person's signature MUST BE NOTARIZED.
 - The saving account assignment must be for the sum of \$4,000 to the State of Washington. These funds cannot be released until 1 year after the contractor license is expired, revoked, or the owner notified the department in writing that the company is no longer doing electrical contracting business in the State of Washington providing there is no pending legal action.
 - There can be no errors, whiteouts, alterations or additions on this form.
 - State the name of the principal, partners, or corporation and the business name of the contracting company. The business name must match **EXACTLY** the business name listed on the application. (See **NOTE**)

NOTE

- Individual Proprietorship example:
 Mark Jones (principal), DBA Jones Communications (business name).
- Partnership example: John Smith and Henry Jones (principals), DBA Smith and Jones Cabling (business name).
- Corporation, LLC, or LLP example:
 Empire Corporation (principal), registered trade name: Network Communications (business name).

THE FOLLOWING SPECIALTY ELECTRICAL CONTRACTOR LICENSES ARE AVAILABLE TO TAKE ADVANTAGE OF THE OPEN WINDOW OPPORTUNITIES (see WAC-296-46B-920 for more details on the scope-of-work):

Domestic Well (03A): Limited to residential water pumps, pump controls and residential sewage disposal systems, where the pump does not exceed 7 1/2 horsepower at 250 volts AC single phase.

HVAC/refrigeration restricted (06B): Limited to the installation, maintenance and repair of low voltage class 2 HVAC/R controls and cables; and internal line voltage components for furnaces, heat pumps and similar HVAC/R equipment supplied by a circuit not to exceed 250 volt 120 amp single phase.

Nonresidential Maintenance (07): Limited to maintenance, repair and replacement of like-in-kind existing electrical equipment and conductors.

Nonresidential Lighting Maintenance and Retrofit (07A): Limited to working within the housing of existing nonresidential lighting fixtures for maintenance, repair, or retrofit upgrades.

Residential Maintenance (07B): Limited to the maintenance, repair, or replacement of existing luminaries, hot water heaters and appliances operating at a maximum of 250 volts, 60 amperes, single phase in residential dwellings.

Restricted Nonresidential Maintenance (07C): Limited to the maintenance, repair, or replacement of existing luminaires, electric water heaters and appliances operating at a maximum of 250 volts, 60 amperes, single phase, or 277 volts, 20 amps for lighting branch circuits only.

Appliance Repair (07D) Restricted to servicing, maintaining, repairing, or replacing household appliances, small commercial/industrial appliances, and other small utilization equipment that operates at a maximum of 250 volts, 60 amperes, single phase.

Equipment Repair (07E) Restricted to servicing, maintaining, repairing, or replacing utilization equipment that is connected as a single unit to a single source of electrical power limited to a maximum of 600 volts.

Door, Gate, and Similar Systems (10): This specialty may install, service, maintain, repair, or replace door/gate/similar systems electrical operator wiring and equipment.

NOTE: If you are performing other **non-electrical** type work you may also need to be registered with the <u>Contractor</u> <u>Registration Section</u> as well. For more information see <u>RCW 18.27</u> or contact them at 360-902-5226.

Visit our website at www.Lni.wa.gov under Trades & Licensing for more information and services, such as:

- ➤ Internet access for **licensed contractors** to purchase permits on-line using Internet Purchase of Electrical Permits (**IPEP**) and request inspection or view the results of inspections on-line using Electrical Inspection Request System (**EIRS**). Go to http://www.lni.wa.gov/forms/pdf/500054af.pdf to download the application.
- You can renew your electrical license or certificate by clicking Get or Renew a License (credit card payment required).
- ➤ Go to <u>Look up a contractor</u>, <u>electrician or plumber</u> to check status of a company or person.
- ➤ Obtain the electrical laws and rules, chapter 19.28 RCW and 296-46B WAC under Electrical rules, policies & laws.
- > Obtain information regarding the examination, including testing outlines under Exams, Training & Education.
- Easily keep informed about the electrical industry in Washington and receive automatic e-mail notices, by joining the electrical listserve at http://listserv.wa.gov/archives/electrical.html then click "join or leave the list".

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269.

MAIL APPLICATION AND FEE TO: Department of Labor and Industries Electrical Licensing & Certification PO Box 44460 Olympia, WA 98504-4460 www.Lni.wa.gov



APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE FOR OPEN WINDOW SPECIALTIES

APPLICATION MUST BE RECEIVED BY JULY 31, 2004

\$232.90 Mail a check or money order payable to the **Electrical Contractor License Temp Administrator** \$ 64.40 Department of Labor and Industries for \$ 35.00 **Administrator Assignment** \$332.30 TOTAL DUE \$332.30 Business Name (limited to 30 characters) Phone (include area code) **Business Mailing Address** State Zip Code Name of **Designated Administrator** to be assigned to this business UBI Number Indicate your business structure (check one) INDIVIDUAL PROPRIETORSHIP CORPORATION **PARTNERSHIP** LLC LLP Please check the specialty you are applying for (see WAC 296-46B-920 for scope-of-work detail to be sure it is the appropriate one) Domestic well Restricted nonresidential maintenance (03A)(07C)(06B)HVAC/refrigeration restricted (07D)Appliance repair (07)Nonresidential maintenance (07E)Equipment repair (10)(07A)Nonresidential lighting maintenance Door, gate, and similar systems Residential maintenance (07B)If you have previously been licensed as an electrical contractor with this agency enter license # Yes Will you use the Electrical Internet services? Yes Do you plan to hire or do you have employees? If yes, you must enter your Industrial Insurance Account #: I have read and understand the scope of work detailed in WAC 296-46B-920 for the specialty indicated above. Applicant's Name (Print) Applicant's Signature Applicant's Fax Number (include area code) Email address *COMPLETE THE CORRESPONDING BUSINESS INFORMATION ON THE FOLLOWING PAGE* This section for departmental use only Effective Date **Expiration Date** License Number Issued Processors Initials SPEC CODE dav Cross Reference With Date Processed Administrator Certificate #

BUSINESS TYPE (Check one only)

☐ INDIVIDUAL PROPRIETORSHIP (Name of the individual, not the business name)						
Name (Last name, first name, middle initial)	Social Security Number	clude area code):				
Mailing Address	City	State	Zip Code			
	I					
☐ PARTNERSHIP (Names of each partner)						
1st Partner Name (Last name, first name, middle initial)	Social Security Number	Phone (in	clude area code)			
Mailing Address	City	State	Zip Code			
2 nd Partner Name (Last name, first name, middle initial)	Social Security Number	Phone (in	l clude area code):			
Mailing Address	City	State	Zip Code			
3 rd Partner Name (Last name, first name, middle initial)	Social Security Number	Phone (in	clude area code)			
Mailing Address	City	State	Zip Code			
☐ CORPORATION ☐ LLC ☐ LLP						
Names must match those listed with the Corporate Division in the	e Office of the Secretary of State.					
Name of Corporation, LLC, or LLP	Federal Tax Identification Number	Phone (in	Phone (include area code)			
Mailing Address of Principal Office	City	State	Zip Code			
President (Last name, first name, middle initial)	Social Security Number	Phone (include area code)				
Mailing Address	City	State	Zip Code			
Vice President (Last name, first name, middle initial)	Social Security Number	Phone (in	L clude area code)			
Mailing Address	City	State	Zip Code			
Secretary (Last name, first name, middle initial)	Social Security Number	Phone (in	L Clude area code)			
Mailing Address	City	State	Zip Code			
Treasurer (Last name, first name, middle initial)	Social Security Number	Phone (in	L clude area code)			
Mailing Address	City	State	Zip Code			
Registered Agent (Last name, first name, middle initial)	Social Security/UBI Number	Phone (include area code)				
Physical Address (Not a PO Box)	City	State	Zip Code			

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APPLICATION FOR TEMPORARY SPECIALTY ADMINISTRATOR CERTIFICATE

APPLICATION MUST BE RECEIVED BY JULY 31, 2004

A separate fee for administering the examination must be paid directly to the exam contractor.

This application must be submitted with the Applica	ation For Ele	ectrical Contract	or License For Open Window Specialties.				
Name (Last name, first name, middle initial)		Birth Date					
Mailing Address		Social Security Number					
City	State	Zip Code	Daytime Phone (Include area code)				
Have you ever been certified as an Electrical or Telecommunications Administrator? Yes No If yes, please list certificate number:							
Have you ever applied to take an Electrical or Telecommunications Administrator's exam? If yes, please list what exam you have taken:							
* To qualify for a temporary specialty administrator certificate you must submit a copy of the company's business license showing that the company was licensed between January 1, 2002 and September 1, 2002, per WAC 296-46B-930 Table 930-1.							
I am applying for the Temporary Administrator	· certificate 1	marked below (Check one category only)				
I am applying for the Temporary Administrator certificate marked below (Check one category only) □ (03A) Domestic well □ (07C) Restricted nonresidential maintenance □ (06B) HVAC/refrigeration restricted □ (07D) Appliance repair □ (07A) Nonresidential maintenance □ (07E) Equipment repair □ (07B) Residential maintenance □ (10) Door, gate, and similar systems □ (07B) Residential maintenance □ (10) Door, gate, and similar systems □ (07B) Residential maintenance □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems □ (10) Door, gate, and similar systems							
**I have read and understand the scope of work that I am applying for and understand that I will be tested on the entire scope of work detailed under this specialty in WAC 296-46B-920.							
Date: Applicant's Signa	ature:						
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269. This section below for departmental use only							
	ecialty Code	Initial Cur	rent certificate number				

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ASSIGNMENT OF TEMPORARY SPECIALTY ADMINISTRATOR'S CERTIFICATE

This form must be submitted with the attached Application For Temporary Specialty Administrator Certificate.

Name (Last name, first name, middle initial)				Date				
Mailing Address								
City		State	Zip Co	ode	Daytime Phone (Include area code)			
Assignm	Assignment will become effective the date a complete application is received.							
I WILL BE ASSIGNED TO	LL BE ASSIGNED TO							
	(Electrical Contractors Name)							
I AGREE TO PERFORM THE DUTIES OF THE ADMINISTRATOR AS STATED IN CHAPTER 19.28 RCW AND TO NOTIFY THE DEPARTMENT WITHIN 10 DAYS OF A CHANGE IN MY STATUS AS AN ADMINISTRATOR.								
Date	Administrator's Si	s Signature						
ADMINISTRATOR'S SIGNATURE MUST BE NOTARIZED								
		SUBSCRI	BED AND SWORI	N TO BEFORE ME ON	MY COMMISSION EXPIRES ON			
NOTARY SEAL		DATE						
		NOTARY	PUBLIC IN AND F	OR THE STATE OF	RESIDING AT			
NOTARY SIGNATURE								
ASSIGNMENT CONFIRMATION								
I am the owner, partner, principal, or an officer of the contractor above. I confirm the above applicant is to be assigned as the designated administrator for this contractor's license to perform the administrator's duties per chapter 19.28 RCW.								
Date Company Representative's Name (Print) Company Representative's Signature								
NOTARY NOT REQUIRED FOR COMPANY REPRESENTATIVE SIGNATURE								
This section below for departmental use only								
☐ Assignment								
	Effective Date	D	ate Processed	<u> </u>	Initials			